

THE PATENT AND TRADEMARK OFFICE IS RESPECTFULLY REQUESTED TO PLACE ITS STAMP ON THIS POSTAL CARD AND PLACE IT IN THE OUTGOING MAIL TO SHOW THE FOLLOWING PAPERS HAVE BEEN RECEIVED.

ON THIS POSTAL
EEN RECEIVED.

Application:
avedra et al.

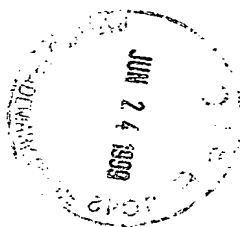
utical
ers Using

nittal With
Amendment
to Hrabie

In re Appln. of Saavedra et al.; Serial No. 08/837,812
Response Transmittal Form With Request for One-Month Extension of
Time (1 p./original/1 copy)
Response to Restriction Requirement (3 pp.)
Check for \$110.00 (extension fee)
Due 5/23/1999; Mailed 6/21/1999
Case 161192
BMG/DJS/dag

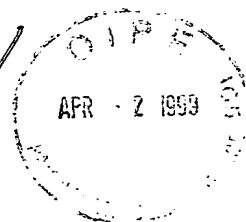
THE PATENT AND
CARD AND PLACI

FILED: April
Attorney Doc
BMG/baw
Continued Pr
Of: Serial N
Filed: A
For: Bio
Compositions
Same
Enclosed: C
Certificate of
and Declarat
Declaration; C
Express Mail



THE PATENT AND TRADEMARK OFFICE IS RESPECTFULLY REQUESTED TO PLACE ITS STAMP ON THIS POSTAL CARD AND PLACE IT IN THE OUTGOING MAIL TO SHOW THE FOLLOWING PAPERS HAVE BEEN RECEIVED.

FILED: April 2, 1999
Attorney Docket No. 161192-NIH
BMG/baw
Continued Prosecution Application (CPA)
Of: Serial No.: 08/837,812
Filed: April 22, 1997
For: Biopolymer-Bound Nitric Oxide-Releasing Compositions, Pharmaceutical



In re Application:
Saavedra et al.
RJS

Compositions Incorporating Same And Methods Of Treating Biological Disorders Using
Same
Enclosed: Continued Prosecution Application (CPA) Request Transmittal With
Certificate of Mailing by "Express Mail" (2 Pages in duplicate); Preliminary Amendment
and Declaration of Joseph A. Hrabie (6 Pages); Exhibits A through E to Hrabie
Declaration; Check in the amount of \$1302.00.
Express Mailing Label No. EL305736078US



* E L 3 0 5 7 3 6 0 7 8 U S *



EL305736078US

POST OFFICE TO ADDRESSEE

1997

DELIVERY (POSTAL USE ONLY)

ORIGIN (POSTAL USE ONLY)

Employee Signature

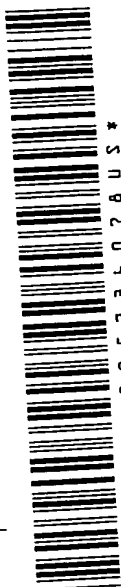
Time

Delivery Attempt

Flat Rate Envelope

Day of Delivery

PO ZIP Code



* E L 3 0 5 7 3 6 0 7 8 U S *

POST OFFICE TO ADDRESSEE



EL305736078US

Customer Copy
Label 11-F July 1997

SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE

ORIGIN (POSTAL USE ONLY)		Flat Rate Envelope	
PO ZIP Code	Day of Delivery	<input type="checkbox"/> First	<input type="checkbox"/> Second
Date In	Time In	Postage	Return Receipt Fee
Mo. Day Year	Mo. Day Year	\$	\$
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	COD Fee	Insurance Fee
Weight	Int'l Alpha Country Code	Total Postage & Fees	
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>	Acceptance Clerk Initials	\$	

WAVES OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waves of signature is requested. When delivery is made without obtaining signature of addressee or addressee's agent, delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.

CUSTOMER USE ONLY
METHOD OF PAYMENT: Express Mail Corporate Acct. No. Federal Agency Acct. No. or Postal Service Acct. No.

FROM: (PLEASE PRINT)
LEYDIG
180 N S
2 PRUDE
CHICAGO
BHG/baw

TO: (PLEASE PRINT)
POSTAL SERVICE
WASHINGTON
D.C.

PHONE

NO DELIVERY ☐ Weekend ☐ Holiday ☐

Customer Signature

POSTAGE

FOR PICKUP OR TRACKING CALL 1-800-222-1811

WWW.USPS.GOV

PRESS HARD. You are making 3 copies.

EL305736078US

30573607